PTO/SB/06 (08-03)

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N. DECOMP

Under	the Paperwork	Reduction Act of	995, no p	encons are requir	ad to respond to	<u> </u>	BECORD	(CADOI) WILL	Applicat	ner Porte Ute	*	
	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									25		
		CLAIMS AS I			mn 2)	1	SMALL E	VTITY	OR			
	FOR	NUMBE	FILED	MARRE	R EXTRA		RATE	FEE		RATE	FEE	
BASIC IST OF	FEE : R 1.16(a))					ŀ		8 <u>:</u>	OR		1740	
TOTAL	CLAINS R 1.16(c))	63	gatinus 20	. 43			ו		CR	×4•	714	
MOEPENDENT CLAUS (37 CFR 1,16(D))		3 7	otrus 3		4		×5e		CR	x 8°	336	
MULTIPLE DEPENDENT CLARM PREBENT (ST CFR 1.16(d)) +5_ 0 OR +5_ =												
				er TIT in column 2	<u>.</u>	•	TOTAL		OR	TOTAL	1554	
*5 the difference in column 1 is less than zero, enter 'O' in column 2. TOTAL OR TOTAL OR TOTAL OR TOTAL												
CLAIMS AS AMENDED - PART II							6 1411 5		OR-			
[0]	101	(Column 1) CLAIMS		.(Column 2)	(Column 3)	1	SMALL E		1			
4	: i : .	REMAINING AFTER	, :	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATÉ	TIONAL.	
ENDMENT	Total G/GFR I. (S/G)	7.4	Minus	- 64	-18		x \$=		.OR	x s		
왔	Independent (27 CFR L.100-2)	. 0	Minus	- 4	M	1	x 5] or	x s		
-		ATION OF MULTIPLE	007906	NT CLANA (37 CF	R 1.16(d))	1	+3		OR	+8=		
			E DEPENDENT CLAIM (87 CFR 1.18(4)) +8									
~/	100/och			(Column 2)	(Column 3)				•		ADDITIONAL FEE	
ENT B		(Cotumn 1) CLAIMS REMAINING AFTER	:	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA]	RATE	ADDI- TIONAL FEE		RATE	TIONAL	
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ij	Independent profit LHOD	- * Ø	Minus	- 0	17	1	x * •		OR	X \$a		
~ •		A TOWN OF HER TIPE	e nepewbl	ENT CLAIM (ST CI	FR 1.18(0))	1	+1		OR	+5		
ERST/PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 GFR 1.18(d))						_	TOTAL ADDL FEE		OR	TOTAL ADO'L FEE	1	
8/	10/10		٠	Makana M	(Column 3)		.1		_			
ပ်	<u> </u>	(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- . TIONAL FEE		RATE	TIONAL	
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影	CO DER 14500	1-2-	<u>ا</u> دوسیدها	07044 850	50 (10/0)	1	+5 . 0/		oa oa	1,		
FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) +\$ 0 TOTAL ADD: FEE OR ADD: FEE												
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. ** If the "Rightest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												
	e d the "Highest	Number Previous	y Peld For y Peld For	r in this epace ' in this epace	to less than 3,	en	er T.	••	4 4 to	automa 1		

"If the "Highest Number Previously Pedd For" IN THIS SPACE is less than 3, eriter "7".

The "Highest Number Previously Pedd For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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If you need assistance in completing the form, cell 1-500-PTO-9199 and select option 2